

June 26, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1219-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This is a 48-year-old male claimant with no previous back problems who sustained injury to his back while on his job on _____. He noted low back pain without any significant leg or radicular pain. He was referred to an orthopedic surgeon who did an MRI study that demonstrated only a mild disc desiccation in the L3-L4 and L5-S1 levels. A CT scan at that time revealed the above three levels were felt to be normal. The only positive finding on the discogram was the fact that the pain was produced at the L3-L4 and L4-L5 levels. Unfortunately, the patient did not receive any real lasting relief from this procedure, and continued to have low back pain.

After going through the IDET protocol, the surgeon is requesting a posterolateral interbody fusion procedure with instrumentation.

Disputed Services:

Posterolateral interbody fusion procedure w/instrumentation.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale for Decision:

The medical records provided for review contain no objective findings that support the need for a two-level interbody fusion at L3-L4 and L4-L5. The MRI and CT scan of the discogram are reported to be basically normal with the exception of minimal degenerative changes. These reports are

totally benign, particularly when the patient's age of 48 years is considered. The subject findings of concordant pain produced at two levels of injection is not felt to be a reliable finding that can be accepted as the reason for fusing these two joints in this patient's spine.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 26, 2003.

Sincerely,